# Highlights from this issue

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**Prevalence and causes of vision loss in North Africa and Middle East in 2015: Magnitude, temporal trends, and projections (*see page 863*)**
The age-standardised prevalence of vision impairment for all ages and genders decreased from 1990 to 2015 in NAME. Cataract and refractive errors were the leading causes of vision impairment in 1990 and 2015.

**Prevalence and causes of blindness and vision impairment: Magnitude, temporal trends, and projections in South and Central Asia (*see page 871*)**
Age-standardised prevalence of blindness in South Asia was more than twice the global prevalence with one third of the global blind residing in South Asia and under corrected refractive error and cataract as most common causes

**Prevalence and causes of vision loss in south-east Asia and Oceania in 2015: Magnitude, temporal trends, and projections (*see page 878*)**
The age-standardised prevalence of blindness for all ages and both genders was higher in the Oceania region but lower for MSVI when comparing the subregions. The prevalence of near vision impairment in people?50 years was 41%

**Prevalence and causes of vision loss in Latin America and the Caribbean: 2015: Magnitude, temporal trends, and projections (*see page 885*)**
In 2015, across Latin America and the Caribbean, age-standardised prevalence was 0.38% in all ages and 1.56% in those over age 50 for blindness; 2.06% in all ages and 7.86% in those over age 50 for moderate and severe vision impairment (MSVI)

**Racial differences and determinants of macular thickness profiles in multi-ethnic Asian population: the Singapore epidemiology of eye diseases study (*see page 894*)**
The authors report associations between macular thickness with inter-ethnic difference (between Chinese, Malays and Indians), cholesterol, chronic kidney disease, corneal curvature and cataracts, and replicated the associations with age, female, diabetes, and axial length.

**Factors influencing macular atrophy growth rates in neovascular age-related macular degeneration treated with ranibizumab or aflibercept according to an observe-and-plan regimen (*see page 900*)**
The authors report a post-hoc analysis of two prospective studies investigating ranibizumab or aflibercept for neovascular age-related macular degeneration. The 2 year macular atrophy growth rates were associated with ocular factors but not with treatment factors.

**Paramacular temporal atrophy in sickle cell disease occurs early in childhood (*see page 906*)**
Paramacular temporal atrophy was observed in children with sickle-cell disease with a similar prevalence as adults, suggesting an early occurrence of this specific lesion in the course of the disease.

**Choriocapillaris impairment around the atrophic lesions in patients with geographic atrophy: a swept-source optical coherence tomography angiography study. (*see page 911*)**
Using swept-source optical coherence tomography angiography in eyes with geographic atrophy, a significant impairment in choriocapillaris flow was found around the atrophic lesions. Choriocapillaris alterations may be relevant to the progression of geographic atrophy.

**Subfoveal choroidal thickness as a prognostic factor in exudative age-related macular degeneration (*see page 918*)**
Thicker baseline subfoveal choroidal thickness was observed in Caucasian patients with exudative AMD and may correlate with increased number of intravitreal anti-VEGF injections at 1 year.

**Intravitreal injection of a Rho-kinase inhibitor (fasudil) combined with bevacizumab versus bevacizumab monotherapy for diabetic macular edema: a pilot randomised clinical trial (*see page 922*)**
This pilot randomised clinical trial demonstrated that combining an intravitreal ROCK inhibitor (fasudil) with bevacizumab can enhance and prolong the functional and structural therapeutic effects in eyes with center-involving diabetic macular oedema.

**Ocular findings and blood flow in patients with Takayasu arteritis: a cross-sectional study (*see page 928*)**
Ischaemic ocular complications are still declining in Takayasu arteritis. A subclincal reduction in ocular blood flow persists even in cases without retinopathy and radial artery pulselessness is a predictor of reduction in ipsilateral ocular perfusion.

**Macular spatial distribution of preserved autofluorescence in patients with choroideremia (*see page 933*)**
Stellate shaped nature of the preserved outer retina in choroideremia suggests a specific pattern of degeneration progression. An enhanced understanding of degeneration pattern contributes to optimal design and selection of anatomic endpoints for clinical trials.

**Long-term outcome of treat and extend intravitreal ziv-aflibercept therapy (*see page 938*)**
Using treat and extend intravitreal ziv-aflibercept therapy, significant visual and anatomical gains persisted throughout 30 months, rendering this regimen a remarkably cost-effective treatment for wet age-related macular degeneration and diabetic maculopathy.

**Ultra-wide-field angiography findings in acute Vogt-Koyanagi-Harada disease (*see page 942*)**
Ultra-wide-field angiography imaging of acute Vogt-Koyanagi-Harada disease showed various abnormal findings in the central and peripheral area of fundus. A couple of peripheral findings were significantly associated with clinical features of Vogt-Koyanagi-Harada disease.

**Repeatability and comparability of peripapillary vessel density measurements of high density and non-high density optical coherence tomography angiography scans in normal and glaucoma eyes (*see page 949*)**
Vessel densities (VD) in different peripapillary sectors were 0.7% to 2% greater on high density (HD) compared with non-HD OCT angiography scans. Coefficients of repeatability of the peripapillary VDs ranged between 3.2% and 6.7%.

**Is vision-related quality of life impaired in patients with preperimetric glaucoma? (*see page 955*)**
In a cross-sectional study, early structural damage in the absence of visual field loss seen in patients with preperimetric glaucoma was not associated with a significant decline in patient-reported quality of life.

**'Van Herick Plus': a modified grading scheme for the assessment of peripheral anterior chamber depth and angle (*see page 960*)**
A short vertical slit lamp beam at the inferior angle provides a relatively accurate estimation of the peripheral chamber depth and angle and can be effectively used as an alternative screening tool for occludable angles.

**Improvement in psychiatric symptoms after strabismus surgery in adolescent patients in long term follow-up (*see page 966*)**
Visible eye deviation and facial disfigurement caused by strabismus was found to be associated with psychological impairment in adolescent patients and corrective strabismus surgery improved psychological well-being.

**Pupillary light reaction in pre-clinical Alzheimer's disease subjects compared with normal aging controls (*see page 971*)**
The authors report that the pupillary light reflex was unable to differentiate subjects with pre-clinical Alzheimer's disease from ageing controls, and may not be useful as a biomarker for patients at the earliest stage of AD.

**Staged excision of primary periocular basal cell carcinoma: absence of residual tumour in re-excised specimens—a 10 year series (*see page 976*)**
In 78.2% of cases of periocular basal cell carcinoma with close or involved margins, no tumour is found in re-excision specimens. Mechanisms are multifactorial, and discussed herein.

**Prognostic factors for local recurrence, metastasis, and survival for sebaceous carcinoma of the eyelid: observations in 100 patients (*see page 980*)**
Eyelid sebaceous carcinomas in T2c or worse category (per AJCC eighth-edition criteria) were associated with the risk of nodal and distant metastasis, and those in N1 category correlated with distant metastasis and survival.

**Elastin modulation and modification by homocysteine: a key factor in the pathogenesis of pseudoexfoliation syndrome? (*see page 985*)**
Accumulation of Homocysteine in the lens is associated with Pseudoexfoliation syndrome. Aqueous humour levels of Elastin were high in PXF and PXF-G. In vitro studies show that homocysteine promotes elastosis by augmenting Elastin expression. Homocysteinylation of Elastin causes secondary structural changes and promotes amyloid-like aggregation of Elastin.

**Distribution of pre-operative astigmatism and post-operative astigmatism in a large population of patients undergoing cataract surgery in the UK (*see page 993*)**
Preoperative (corneal) astigmatism ?1.0D was present in ~42% of eyes. The available refraction data indicate that this burden is not reduced after surgery with implantation of standard monofocal IOLs.

**Early retinal and choroidal OCT and OCT angiography signs of inflammation after uncomplicated cataract surgery (*see page 1001*)**
Early signs of local inflammatory response to cataract surgery may be noninvasively detected by optical coherence tomography (OCT) and OCT angiography. The different progressively impairment of retinal and choroidal layers and of the macular capillary plexuses was studied.

**When biology supports the clinic diagnosis: review of techniques to diagnose ocular toxoplasmosis (*see page 1008*)**
When biology supports the clinic diagnosis: review of techniques to diagnose ocular toxoplasmosis.